



Application for Licensure Under the Idaho Collection Agency Act

(collection agencies, debt/credit counselors, debt buyers, credit repair organizations and loan modification companies)

- ◆ Attached is the application for licensure under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the license is approved, it will remain in effect until March 15, unless otherwise surrendered, revoked or suspended.
Military Member, Veteran, and Spouse Priority – Sole Proprietor Applicants only: An individual that is a current military member, veteran, or spouse of a military member or veteran, is entitled to an expedited application review once required verification documentation has been provided and notification to the Department of Finance has been received.
To qualify, the military member or veteran must have served on active duty for at least 180 consecutive days and if discharged, the discharge must be an honorable discharge or general discharge under honorable conditions. Refer to the application checklist for required documentation to be provided.
Additionally, if you hold a current, valid and unrestricted active collection agency license in another state or jurisdiction, with similar qualification requirements and without any disciplinary, criminal or enforcement actions, you may be eligible for a license while completing any additionally-required Idaho application requirements.
If you qualify for a military member, veteran or spouse priority make sure to mark the box at the bottom of this page and return it as the top document of your application package.
- ◆ Application Fee of \$150, and \$20 per Agent/RPIC fees, should be made payable to the Idaho Department of Finance. Application packages are to be delivered to the addresses noted at the bottom of this letter. All approved licenses will be displayed on the Department's website at www.finance.idaho.gov.
- ◆ Renewal reminders are emailed as a courtesy to the licensee's main office contact person and renewal forms are posted to the Department's website approximately January 15 annually and must be filed and completed, along with renewal fee and agent fees, by midnight, March 15 annually. It is each licensee's responsibility to keep their email addresses current and on file with the Department. The Department encourages licensees to use a general email box that multiple staff has access to in order to better assure the receipt of important notices.
- ◆ Quarterly Notification of Agents and \$20 fee per agent and RPIC are required to be filed on any newly activated agent or RPIC conducting Idaho activity for 30 business days. Forms are available in the collection agency forms section of the Department's website at www.finance.idaho.gov. Deactivated agents within the quarter (those no longer conducting Idaho activity), without fees, are also to be reported. Once a license is approved, agent filing may be completed electronically through Access Idaho. For information contact the Department at collections@finance.idaho.gov or (208) 332-8002.
- ◆ It is a requirement to inform the Department of Finance prior to any change that affects your business structure, name, assumed business name, officers, directors or other control persons, responsible person in charge, bond coverage or provider, business or trust account information, or other information to keep the filed application current. Additional documents may be necessary. Changes to the licensee's structure and some forms of a change in control will require submission of a full new application package and appropriate fee. There is no fee related to other amendments to the license.

- ◆ Notification of an address change for the “home/main” office requires an **advance amendment filing** of Form CA1 to the Department. Licensable activity from the new location may not be conducted until the new license reflecting the new address is displayed on the Department’s website. Licenses are not transferable. Notification of office closure(s) must be submitted to the Department within 30 days of occurrence along with evidence of compliance with the discontinuance of operations requirements under Idaho Code § 26-2246.
- ◆ Any person may verify that your license is active and in good standing, once approved, by checking the approved collection agency licensee lists at www.finance.idaho.gov. Information is updated daily.

Any further questions, please contact us at (208) 332-8002 or collections@finance.idaho.gov.

☐ **This application is being submitted under the Military Member, Veteran and Spouse priority option. I have read the requirements and included the appropriate verification documentation.**

CONSUMER FINANCE BUREAU
800 Park Blvd, Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8099
www.finance.idaho.gov

**LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS,
DEBT SETTLEMENT COMPANIES, DEBT BUYERS, & CREDIT REPAIR ORGANIZATIONS
FORM CA1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA1 is the License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, Debt Settlement Companies & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by a designated Control Person of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant* would like an **amendment** to become effective.
5. **AMENDMENTS** – The *applicant* or licensee must update information as required to keep the information current by submitting amendments using Form CA1. Circle (or otherwise identify) the filing as an amendment and complete the item(s) being amended as well as the name of the *entity* and license number where applicable as well as the execution section.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CANCEL** – When an *entity* decides to cease operations under the license, use the Form CA1 to notify the Idaho Department of Finance by checking the "Surrender/Cancel" box and completing only items 1A, 2, and 3 as well as the wind-down requirements of Idaho Code 26-2246.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Submit a fully completed Form CA1 when the *applicant* is filing for the first time.
- B. For the initial Form CA1 filing, the Execution section must include notarized original manual signature.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA1 and its Schedules or a reproduction of them.

2. ATTACHMENTS – Provide the following:

- A. \$150 Application Fee.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed after initial submission.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent must be located in Idaho.
- D. File a Form CA2 for each individual designated in Section 8 and on Schedules A or C as a *control person*, to include the Responsible Person in Charge.
- E. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal hours must be provided to Idaho debtors and the Department.

The following item may be used to demonstrate the required experience of the RPIC in the business activities to be conducted for the applicant:

A Verification of Experience that includes *detailed job descriptions, duties or experience* in the

business activities to be conducted under this license. If multiple activities are to be conducted—such as collections and credit repair, three (3) years in EACH activity must be documented and detailed.

- F. Provide a file-stamped copy of the Certificate of Filing ABN issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho. Contact the IDSOS at 208.334.2300 for filing information.
- G. If the *applicant* is a corporation, enclose a file-stamped copy of the Certificate of Existence issued by the IDSOS, as well as a copy of the applicant’s Articles of Incorporation, including amendments, and a Certificate of Good Standing issued by the domestic state.
- H. If the *applicant* is a limited liability company (LLC), enclose a file-stamped copy of the Certificate of Existence issued by the IDSOS, as well as a copy of the Articles of Organization and operating agreement, and a Certificate of Good Standing issued by the domestic state.
- I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement and evidence of filing with the IDSOS. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. Individual(s) having contact with Idaho citizens or Idaho businesses, including the designated RPICs, while conducting business activities covered by the Idaho Collection Agency Act must be listed on the initial Notification of Agents Form and pay an initial \$20 Registration Fee *per person* (this is an annual fee after initial payment on registration).
- K. Branch offices need to complete a Form CA3 for each branch. No additional fee is required to register branch offices.
- L. Provide an organization structure chart reflecting parent companies, affiliates and subsidiaries AND a current management chart listing all identified Control Persons by name and position title.
- M. Provide a complete detailed written business plan with descriptions of the business activities to be conducted in Idaho and how they will be conducted.
- N. Provide a complete Consent to Service of Process and Consent to Examination of Accounts Form.
- O. Provide examples of all current contracts, letters, materials, and/or forms used with creditor clients and debtors. Additionally, provide all materials—advertising, follow-up, dispute, satisfaction, correspondence, etc., to be used with Idaho debtors or Idaho creditor clients.
- P. **Military Member, Veteran, or Spouse Status Documentation:**
 - Discharged/Retired Veteran Applicant:** Provide a copy of the veteran’s DD Form 214 (member copy 4) or NGB -22 that confirms duration of active duty service AND type and condition of discharge.
 - Active Duty Applicant:** Provide a copy of your current and valid military ID card.
 - Spouse of Active Duty Member:** Provide a copy of current and valid military dependent ID card and a copy of marriage certificate or other legal union documentation.
 - Spouse of Discharged/Retired Veteran:** Provide a copy of the veteran’s DD Form 214 (member copy 4) or NGB -22 that confirms duration of active duty service AND type and condition of discharge and a copy of marriage certificate or other legal union documentation.

3. **FINANCIAL RESPONSIBILITY** – Provide a \$15,000 Idaho Surety Bond in the applicant’s name. The **original** bond must be filed with the Department. The bond must be fully executed by both the surety company and licensee. **NOTE: The name of the principal insured on the bond must match EXACTLY to the name shown on your license and the entity filing with the Idaho Secretary of State. Do NOT include d/b/as.**

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA1

1. GENERAL

APPLICANT – The collection agency, debt/credit counselor, debt buyer, debt settlement company, or credit repair organization applying for licensure or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

2. FOR THE PURPOSE OF ITEM 9

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled* by, the *applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, collection agency, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

| | | |
|--|--|---|
| FORM CA1 | LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT BUYERS, DEBT SETTLEMENT COMPANIES, DEBT/CREDIT COUNSELORS, & CREDIT REPAIR ORGANIZATIONS | <input type="checkbox"/> COLLECTION AGENCY <input type="checkbox"/> DEBT BUYER <input type="checkbox"/> DEBT SETTLEMENT <input type="checkbox"/> DEBT/CREDIT COUNSELOR <input type="checkbox"/> CREDIT REPAIR |
| Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____ | | |
| <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i> | | |
| <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____ | | |
| 1. Exact name, principal business address, mailing address, if different, and telephone numbers of <i>applicant</i>: (A) Entity name (sole proprietors provide last, first, and full middle name) (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) | | |
| (C) (1) Name under which business primarily is or will be conducted (forced dba), if different from Item 1A: _____ | | |
| (2) List any other name(s) by which the <i>applicant</i> conducts or will conduct business (dba). _____ | | |
| 1. Name _____ 3. Name _____ | 2. Name _____ 4. Name _____ | |
| (D) For amendments only: If this filing reports the <i>applicant's</i> name has changed, specify whether the name change is of the <input type="checkbox"/> <i>applicant</i> name (1A) or <input type="checkbox"/> dba business name (1C1)? Enter the old name above and new <i>applicant</i> name here _____ or new business (trade/dba) name here _____ | | |
| (E) Main address: (Do NOT use a P.O. Box or a commercial mailbox facility address) _____ <div style="display: flex; justify-content: space-between;"> Number & Street City State / Province & Country Zip+4 </div> | | |
| (F) Mailing address, if different from Main address: _____ <div style="display: flex; justify-content: space-between;"> PO Box or Number & Street City State / Province & Country Zip+4 / </div> | | |
| (G) Telephone Numbers and Website: _____ () _____ <div style="display: flex; justify-content: space-between;"> Business Phone ext Fax Line Website address e-mail address </div> | | |
| (H) Other than the office in 1E, does the <i>applicant</i> conduct business with Idaho citizens or businesses through branch offices or other business locations? <input type="checkbox"/> YES Branch offices must be registered. Use Form CA3 <input type="checkbox"/> NO . | | |
| EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following: (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete and are made under the penalty of perjury and/ or un-sworn falsification to authorities or similar provisions as provided by law; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the Idaho Department of Finance may conduct any investigation into the background of the applicant and any related individuals or entities, in accordance with state law and federal law for purposes of making determination on the application; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and (5) To comply with the provisions of law including the maintenance of accurate books and records pertaining to the conduct of business for which the <i>applicant</i> is applying. | | |

| | | |
|------------|--|--|
| | Date (MM/DD/YYYY) Signed or attested before me: _____ Print Notary Public name | Signature of Control Person of Applicant By _____ Print Control Person's |
| Name _____ | Notary seal here on this _____ day of _____, _____ at _____, _____ | |
| | Date Month Year State County | |
| | Notary Public signature | Notary Appointment Expires (MM/DD/YYYY) |

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

2. Contact Information

(A) Registered Agent:

| | | | | | |
|---------------------------|-----|----------------|---------|----------------------------|-------------------|
| _____ | () | _____ | ext () | _____ | _____ |
| Name and Title | | Business Phone | | Fax Line | e-mail address |
| _____ | | _____ | | _____ | _____ |
| PO Box or Number & Street | | City | | State / Province & Country | Zip+4/Postal Code |

(B) Contact Employee:

| | | | | | |
|---------------------------|-----|----------------|---------|----------------------------|--------------------|
| _____ | () | _____ | ext () | _____ | _____ |
| Name and Title | | Business Phone | | Fax Line | e-mail address |
| _____ | | _____ | | _____ | _____ |
| PO Box or Number & Street | | City | | State / Province & Country | Zip+4/ Postal Code |

(C) Consumer Complaint Employee information:

| | | | | | |
|------------------|-----|----------------|---------|----------------------------|---------------------|
| _____ | () | _____ | ext () | _____ | _____ |
| Name and Title | | Business Phone | | Fax Line | e-mail address |
| _____ | | _____ | | _____ | _____ |
| Business Address | | City | | State / Province & Country | Zip+4 / Postal Code |

(D) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

| | | | | | |
|------------------------|-----|----------------|---------|----------------------------|---------------------|
| _____ | () | _____ | ext () | _____ | _____ |
| Records Custodian Name | | Business Phone | | Fax Line | e-mail address |
| _____ | | _____ | | _____ | _____ |
| Business Address | | City | | State / Province & Country | Zip+4 / Postal Code |

3. Enter appropriate number in the box(es) for each *jurisdiction*:
 Use the **CA** box for collection agency/debt buyer, the **DCC** box for debt/credit counselor, and the **CR** box for credit repair.
 Enter "1" if *applicant is newly applying* in that *jurisdiction*
 Enter "2" if *applicant has a pending application* in that *jurisdiction*
 Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*
 Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*
 Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

| | CA | DCC | CR | | CA | DCC | CR | | CA | DCC | CR | | CA | DCC | CR |
|------------------|----|-----|----|-----------|----|-----|----|----------------|----|-----|----|----------------|----|-----|----|
| Alabama | | | | Idaho | | | | Montana | | | | Rhode Island | | | |
| Alaska | | | | Illinois | | | | Nebraska | | | | South Carolina | | | |
| Arizona | | | | Indiana | | | | Nevada | | | | South Dakota | | | |
| Arkansas | | | | Iowa | | | | New Hampshire | | | | Tennessee | | | |
| California – DOC | | | | Kansas | | | | New Jersey | | | | Texas – OCCC | | | |
| California – DRE | | | | Kentucky | | | | New Mexico | | | | Texas – SML | | | |
| Colorado | | | | Louisiana | | | | New York | | | | Utah | | | |
| Connecticut | | | | Maine | | | | North Carolina | | | | Vermont | | | |
| Delaware | | | | Maryland | | | | North Dakota | | | | Virginia | | | |

| | | | | | | | | | | | | | | | |
|----------------------|--|--|--|---------------|--|--|--|--------------|--|--|--|---------------|--|--|--|
| District of Columbia | | | | Massachusetts | | | | Ohio | | | | Washington | | | |
| Florida | | | | Michigan | | | | Oklahoma | | | | West Virginia | | | |
| Georgia | | | | Minnesota | | | | Oregon | | | | Wisconsin | | | |
| Guam | | | | Mississippi | | | | Pennsylvania | | | | Wyoming | | | |
| Hawaii | | | | Missouri | | | | Puerto Rico | | | | | | | |

Identify below all types collection related business(es)

| | | | | | |
|---|--|------------|-----------|--------------------------|--------------------------|
| <p>4. Check type(s) of collection related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>(A) First party collection <input type="checkbox"/></p> <p>(B) Third party collection <input type="checkbox"/></p> <p>(C) Passive debt buyer (does not undertake direct collections on accounts) <input type="checkbox"/></p> <p>(D) Active debt buyer (undertakes direct collections on accounts) <input type="checkbox"/></p> <p>(E) Debt/Credit counseling <input type="checkbox"/></p> <p>(F) Credit repair <input type="checkbox"/></p> <p>(G) Third party first mortgage servicing <input type="checkbox"/></p> <p>(H) Third party subordinate lien mortgage servicing <input type="checkbox"/></p> <p>(I) Account/Billing service <input type="checkbox"/></p> <p>(J) Judgment recovery <input type="checkbox"/></p> <p>(K) Debt Settlement <input type="checkbox"/></p> <p>(L) Other _____ <input type="checkbox"/></p> | YES | | | | |
| <p>5. (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act?</p> <p>If "yes" briefly describe. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <p>(B) Will the <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?</p> <p>If "yes," provide the name(s) of the other entity/<i>person(s)</i>.</p> | <table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

6. (A) Indicate legal status of *applicant*.

☐ Corporation ☐ Sole Proprietorship ☐ Other (specify) _____

☐ Partnership ☐ Limited Liability Company

(B) Fiscal year end (MM/DD): _____

(C) If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

Formation State: _____ Date of formation (MM/DD/YYYY): _____

Formation Province & Country _____

(D) If publicly traded insert stock symbol: _____

(E) Trust and Operating Bank Accounts. Provide the name and address of the financial institution(s) where the licensee's general operating and Idaho client trust accounts are/will be located. Attach additional sheets if needed.

Bank Name (if branch, include branch name): _____

Address _____ City _____ State _____ ZIP _____

Trust Account Number(s): _____

General Operating Business Account Number(s) _____

Control Information

7. (A) Directly or indirectly, does *applicant* control or is *applicant* under common control with, any person that is engaged in *collection, credit repair, debt/credit counseling, debt buying* OR other *financial services-related* business? **YES NO** ☐ ☐

If yes, complete information below for each relationship. In the "Control Relationship" Column", enter "S" if the *applicant* controls the entity (subsidiary) and "A" if the *applicant* is under common control with the entity (affiliate). Attach additional sheets as necessary.

| Name of Partnership, Corporation, or Organization | Number and Street | City | State/Province | Zip + 4/Postal Code | Control Relationship |
|---|-------------------|------|----------------|---------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Provide an organizational chart.
Briefly describe *control* relationship(s), including percentage of interest. Use additional sheets for comments if necessary.

8. Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur after initial submission. Include Qualifying Individual – Responsible Person in Charge-- who will supervise the business related activities of the applicant conducted under the Idaho Collection Agency Act.

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Title | Number and Street | City | State/Province | Zip + 4/Postal Code |
|--|-------|-------------------|------|----------------|---------------------|
| | | | | | |

9. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable: name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form CA1 instructions for explanations of italicized terms. **Remember to file updates of these disclosures as needed to be current.**

| Criminal Disclosure | YES | NO |
|---|--|--|
| (A) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> : (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? (2) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: collection, credit repair, debt/credit counseling, debt buying, debt settlement or related activities OR financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Regulatory Action Disclosure (C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority ever:</i> (1) <i>found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?</i> (2) <i>found the entity or a control affiliate to have been involved in a violation of a collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related regulation(s) or statute(s)?</i> (3) <i>found the entity or a control affiliate to have been a cause of a collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related business having its authorization to do business denied, suspended, revoked or restricted?</i> (4) entered an <i>order</i> against the <i>entity</i> or a <i>control affiliate</i> in connection with a <i>collection, credit repair, debt settlement, debt/credit counseling, debt buying or related activities OR financial services-related activity?</i> (5) denied, suspended, or revoked the <i>entity's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>collection, credit repair, debt settlement, debt/credit counseling, debt buying or related activities OR financial services-related business or restricted its activities?</i> (D) Has the <i>entity's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended? (E) Is the <i>entity</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 9(C)? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Civil Judicial Disclosure (F)(1) Has any domestic or foreign court: (a) in the past ten years <i>enjoined the entity or a control affiliate</i> in connection with any <i>collection, credit repair, debt settlement, debt/credit counseling, debt buying or related activities OR financial services-related activity?</i> (b) in the past ten years <i>found the entity or a control affiliate to be in violation of any collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related statute(s) or regulation(s)?</i> (c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>collection, credit repair, debt/credit counseling, debt settlement, debt buying or related activities OR financial services-related civil action brought against the applicant or control affiliate by a state or foreign financial regulatory authority?</i> (2) Is the <i>entity</i> or a <i>control affiliate</i> named in any pending <i>collection, credit repair, debt settlement, debt/credit counseling, debt buying or related activities OR financial services-related civil action</i> that could result in a "yes" answer to any part of 9(F)(1)? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Financial Disclosure (G) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> been a collection, credit repair, debt/credit counseling, debt settlement or a debt buying-related business that has been the subject of a bankruptcy petition? (H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>entity</i> ? (I) Does the <i>entity</i> have any unsatisfied judgments or liens against it? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS | Applicant full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Use Schedule A only in new applications to provide information on the direct owners, RPIC and executive officers of the <i>applicant</i> . Use Schedule B in new applications to provide information on indirect owners. File all <u>amendments</u> on Schedule C. Complete each column. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. List below the names of: <ul style="list-style-type: none"> (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions; (b) each <i>control person</i> (c) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company; Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. (d) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital; (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee; (f) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and (g) the Responsible Person(s) in Charge (RPIC) of supervising the business activities of the <i>applicant</i> must be listed whether or not such persons are owners of the <i>applicant</i>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "control" as defined in the instructions to form CA1, and "No" if the <i>person</i> does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form CA2. (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Title or Status | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">%</td> <td style="width: 15%;">Ownership</td> <td style="width: 15%;">Control Person (yes/no)</td> <td style="width: 15%;">Publicly Traded (symbol or n/a)</td> <td style="width: 15%;">Company's IRS Tax # or Employer ID</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | % | Ownership | Control Person (yes/no) | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % | Ownership | Control Person (yes/no) | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div>Schedule B INDIRECT OWNERS</div> | <div>Applicant full legal name: _____</div> <div>Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____</div> | |
|---|--|--|

1. Use Schedule B only in new applications to provide information on the **indirect** owners of the *applicant*. Use Schedule A in new applications to provide information on **direct** owners. File all amendments on Schedule C. **Complete each column.**
2. With respect to each owner listed on Schedule A, (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.

(b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

(c) in the case of an owner that is a trust, the trust and each trustee; and

(d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Direct Owner in Which Interest is Owned | Status | % Ownership | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID |
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| <div>Schedule C</div> <div>AMENDMENTS TO SCHEDULES A & B</div> | <div>Applicant full legal name: _____</div> <div>Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____</div> |
|--|--|

1. This Schedule is used to amend Schedules A and B of Form CA1. Refer to those schedules for specific instructions for completing this Schedule C. **Complete each column.**
2. In the Type of Amendment (“Type of Amd.”) column, indicate “A” (addition), “D” (deletion), or “C” (change in information about the same *person*).

3. List below all changes to Schedule A (DIRECT OWNERS, RPIC, DIRECTORS AND EXECUTIVE OFFICERS):

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Type of Amd. | Title or Status | % Ownership | Control Person (yes/no) | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID |
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4. List below all changes to Schedule B (INDIRECT OWNERS):

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | Type of Amd. | Entity in Which Interest is Owned | Status | % Ownership | Publicly Traded (symbol or n/a) | Company's IRS Tax # or Employer ID |
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COLLECTION BIOGRAPHICAL STATEMENT & CONSENT FORM FORM CA2 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form(s) CA2 must accompany Form CA1, the Collection Agency License Application form. Each individual identified as a *control person* for the *applicant* on Schedule A of Form CA1, must complete Form CA2. Additionally, *applicants/licensees* must update the roster of *control persons* on Form CA1 by filing a Schedule C, thus requiring additional CA2 forms.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant/licensee*.
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **DATES** – The filing date is the date *applicant* submits this form to the *Department*. The desired effective date is the date *applicant* would like an *amendment* to become effective.
5. **AMENDMENTS** – The *applicant* must update biographical information by submitting amendments using Form CA2. On Form CA2, circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Each individual identified as a *control person* on Schedules A or C must complete Form CA2. A fully completed Form CA2 for each *control person* is required to be submitted along with the *applicant's* initial Form CA1. Form CA2 also accompanies Schedule C when reporting new *control person(s)*.
- B. Type or print all information clearly and legibly.
- C. Use only the current version of Form CA2.
- D. The Acknowledgment & Consent section must include a notarized original manual signature.
- E. The Employment Representation section must include an original manual signature.
- F. Employment history, item 6: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.

2. ATTACHMENTS -

- A. Agents, including Responsible Persons in Charge (RPIC) of the applicant/licensee who will contact persons in Idaho, whether debtors or creditors, relative to the business activities of the applicant/licensee will need to be registered on the Notification of Agents/Collectors.
- B. Provide written explanations and supporting documents for any "Yes" answer provided in section 8.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA2

1. GENERAL

APPLICANT – The collection agency, debt/credit counselor, debt settlement company, debt buyer or credit repair organization applying on or amending information on Form CA1 (including schedules) or Form CA3. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities;

(iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (a natural person) named on Form CA1 in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*. This includes all RPICs.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC, or other organization.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, selfregulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM CA2**BIOGRAPHICAL STATEMENT & CONSENT
COLLECTION AGENCY APPLICATION FORM**

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

License Number information (if applicable) is optional. Use additional sheets if necessary.

License #

Jurisdiction

License #

Jurisdiction

License #

Jurisdiction

License #

Jurisdiction

License #

Jurisdiction

License #

Jurisdiction

☐ NEW APPLICATION☐ AMENDMENT *To amend, circle or identify items being amended.***1. Individual's identifying information:**

(A) Full last, first and middle names:

Last Name

First Name

Full Middle Name

Suffix (if any)

(B) Social Security Number: _____

(C) Gender:

☒ Male

Female

☐

(D) Date of Birth (MM/DD/YYYY) _____

(E) State/Province of Birth: _____

(F) Country/Province of Birth: _____

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name _____

Name _____

Name _____

Name _____

(H) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

Last Name

First Name

Full Middle Name

Suffix (if any)

(I) Current Employer Name (applicant/licensee): _____

(J) Physical Office of Employment address: (do not use a P.O. Box) residence, check this box.

If this address is your private

☐

Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(K) Current Residence address (if different from employment address):

Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(L) Telephone Numbers and e-mail address:

(_____) _____

(_____) _____

(_____) _____

(_____) _____

Business Phone

Cell Phone (optional)

Fax Line

e-mail address

2. Individual's Acknowledgment & Consent:

I swear or affirm that I have executed this form before a Notary Public, of my own free will and:

(A) I have read and understand the items and instructions on this form;

(B) My answers (including attachments) are true and complete to the best of my knowledge;

(C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;

(D) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;

(E) I have read and understand applicable federal and state law, and will be in compliance at all times;

(F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.

Date (MM/DD/YYYY)

Signed or attested before me: _____

Print Notary Public name

Notary seal here

on this _____

day of _____,

Date

Month

Signature of individual

by _____

Print individual's name

at _____

Year

State

County

Notary Public signature

Notary Appointment Expires (MM/DD/YYYY)

Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.

3. Employer's Representation:

To the best of my knowledge and belief, the *control person* will be familiar with the statutes, regulations, and rules of the *jurisdiction* where this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

Company Name

Signature of authorized party

Print Name and Title of authorized party

Employment Representation must always be completed in full with original, manual signature.

4. Fingerprint Information filing representation: (Not required to be filed in Idaho at this time)

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.

X I am applying for a license in a jurisdiction that does not require me to submit fingerprint cards.

5. Residential History: Starting with current address provide all residential addresses over the last ten years. Records must contain a complete ten years history without gaps. (Attach additional sheets as necessary.)

| From (MM/YYYY) | To (MM/YYYY) | Street Address | City | State or Province | Zip or Postal Code | Country/ Province |
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6. Employment History: Provide a complete employment history for the past 10 years. Account for all time including full & parttime employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was related to *collection, debt/credit counseling, debt settlement, debt buying, credit repair or any financial service-related business*. Records must contain a complete 10 year history without gaps. (Attach additional sheets as needed.)

| From (MM/YYYY) | To (MM/YYYY) | Employer (company name) | Position Held (no abbreviations) | Address/City | State and Postal Code | Country/ Province | YES or NO? |
|-------------------|-----------------|----------------------------|-------------------------------------|--------------|--------------------------|----------------------|---------------|
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| <p>7. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is related to <i>collection, debt/credit counseling, debt buying, credit repair or any financial service-related business</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p> | <p>YES</p> <p><input type="checkbox"/></p> | <p>NO</p> <p><input type="checkbox"/></p> |
| <p>8. Disclosures: If the answer to any of the following is "YES," provide complete details of all events or proceedings as well as supporting documents. Send the details on a separate sheet to the Department together with this application. Remember to file updates to these disclosures as needed to keep the information current.</p> | | |
| <p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past 10 years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p> | <p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |

| Criminal Disclosure | | | |
|---------------------|--|--------------------------|--------------------------|
| (D) | Within the past ten (10) years, have you been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (E) | Based upon activities that occurred while you exercised <i>control</i> over it, has an organization within the past ten (10) years been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (F) | Have you been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court within the past ten (10) years to a <i>misdemeanor involving: collection, debt/credit counseling, debt settlement, debt buying, credit repair, OR any financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (G) | Based upon activities that occurred while you exercised <i>control</i> over it, has an organization within the past ten (10) years been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 8(F)? | <input type="checkbox"/> | <input type="checkbox"/> |

| Regulatory Action Disclosure | | YES | NO |
|------------------------------|--|--------------------------|--------------------------|
| (H) | Has any state or federal regulatory agency or <i>foreign financial regulatory authority</i> within the past ten (10) years: | | |
| (1) | <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) | <i>found</i> you to have been <i>involved</i> in a violation of a <i>collection, debt/credit counseling, debt settlement, debt buying, credit repair, or financial services-related</i> regulation(s) or statute(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) | <i>found</i> you to have been a cause of a <i>collection, debt/credit counseling, debt settlement, debt buying, credit repair or financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) | entered an <i>order</i> against you in connection with a <i>collection, debt/credit counseling, debt settlement, debt buying, credit repair or financial services-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) | denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>collection, debt/credit counseling, debt settlement, debt buying, credit repair or financial services-related</i> business or restricted your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) | barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>collection, debt/credit counseling, debt settlement, debt buying, credit repair or financial services-related</i> business? | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) | issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| (I) | Have you ever had an authorization to act as an attorney, accountant, or state or federal contractor that was revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| (J) | Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(H) or 8(I)? | <input type="checkbox"/> | <input type="checkbox"/> |

**BRANCH OFFICE REGISTRATION FORM FOR BUYERS, AND CREDIT
REPAIR ORGANIZATIONS FORM CA3 INSTRUCTIONS**
COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT SETTLEMENT COMPANIES, DEBT

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA3 is the Branch Office Registration Form accompanying the Form CA1- License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Settlement Companies, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant/licensee*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant/licensee* would like this registration or amendment to become effective.
5. **AMENDMENTS** – The *applicant/licensee* must update information about a branch office by submitting amendments using Form CA3. When making changes to an existing branch registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form CA1 (company's main office) as the contact employee will be contacted by the Idaho Department of Finance, if needed, about this branch Form CA3.
7. **RECORDS** – Please identify where records will be kept if the *applicant/licensee* intends to maintain records for the branch office at a location other than the main address of the *applicant/licensee* or the location specified in item 2(C) on Form CA1.
8. **SURRENDER / CANCEL**– When an *applicant/licensee* decides to cease operations under this branch registration, at one or more branch locations, use the Form CA3 to notify the Idaho Department of Finance by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form CA3 for each branch registration that is being surrendered. Use the Form CA1 to notify the Department if the entire company will cease operations under the license/registration.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Form CA3 may accompany a new company filing with Form CA1, or may follow the Form CA1 at a later date. A fully completed Form CA3 must be submitted when the *applicant* is filing for branch registration the first time.
- B. The Execution section must include a notarized original manual signature for the initial Form CA3 filing for each branch office.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA3.

2. ATTACHMENTS

- A. **Responsible Person in Charge (RPIC):** This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal business hours must be provided to Idaho debtors and the Department. A résumé that includes *detailed job descriptions, duties or experience in each* of the business activities to be conducted under this license may be used to demonstrate the required experience in the business activities to be conducted by the RPIC.
- B. File a Form CA2 for the RPIC if different than the RPIC filed in Form CA1.
- C. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho at this branch location if not previously filed and approved with the Department. Contact the IDSOS at 208.334.2300 for filing information.
- D. Individual(s) having contact with Idaho debtors or businesses while conducting business activities covered by the Idaho Collection Agency Act must be registered on the Notification of Agents/Collectors Form and pay a \$20 Registration Fee *per person* (this is an annual fee after initial payment at the time of registration).
- E. There is no application fee for a branch registration.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA3

APPLICANT – The collection agency, debt counselor, credit counselor, debt settlement company, debt buyer or credit repair organization applying on or amending information on this form for a branch registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON –An individual, partnership, corporation, trust or other organization.

| | | |
|---|---|---|
| FORM CA3 | BRANCH OFFICE REGISTRATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS, DEBT SETTLEMENT COMPANIES, DEBT BUYERS, AND CREDIT REPAIR ORGANIZATIONS | <input type="checkbox"/> COLLECTION AGENCY <input type="checkbox"/> DEBT SETTLEMENT <input type="checkbox"/> DEBT BUYER <input type="checkbox"/> DEBT/CREDIT COUNSELOR <input type="checkbox"/> CREDIT REPAIR |
| | Applicants full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____ | |
| 1. | <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>Complete "b" for the item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____ | |
| 2a. | _____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code | 2b. |
| | | _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code |
| 3a. | _____ Mailing address or P.O. Box (if different from Physical) _____ Mailing address City, State/Country, Zip+4/Postal Code | 3b. |
| | | _____ NEW Mailing address or P.O. Box (if different from Physical) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code |
| 4a. | (____) - _____ ext _____ Business (Area Code) and Telephone Number (____) - _____ Fax (Area Code) and Number and email address _____ Branch website (list all websites used by the branch to solicit debtors and business clients) | 4b. |
| | | (____) - _____ ext _____ NEW Business (Area Code) and Telephone Number (____) - _____ NEW Fax (Area Code) and Number and email address _____ NEW Branch website |
| 5a. | _____ Other Trade names or "dba" used at this branch | 5b. |
| | | _____ NEW Trade name or "dba" used at this branch |
| 6a. | Each branch must have at least one Responsible Person in Charge (RPIC) with a completed and filed Form CA2. _____ Branch Responsible Person Name | 6b. |
| | | _____ NEW Branch Responsible Person Name |
| EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following: (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the Idaho Department of Finance may conduct any investigation in accordance with state law, into the background of the <i>applicant</i> for purposes of this registration; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the <i>applicant</i> is applying. | | |

Date (MM/DD/YYYY)

Signature of *applicant's* representative

Signed or attested before me: _____ by _____
Print Notary Public name Print *applicant's* representative name Notary seal here on this _____ day of _____, _____ at _____

Date Month Year State County

Expires (MM/DD/YYYY) Notary Public signature Notary Appointment

***This execution must always be completed in full with original, manual signature and notarization.
Affix notary stamp or seal where applicable.***

| | | | | | | | | | | | | | | | | | |
|----------------------|---|-----------|------------|---------------------------------|---------------|-----------|-------------------------------------|-----------|----------------|------------------------------|------------|-----------|--|----------------|------------|-----------|--|
| 7. | Physical address of location where the official books and records generated by this branch office will be kept. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Check here if same as previously specified principal records location (Item 2C on Form CA1). If multiple custodians maintain records for this branch, attach a separate sheet and indicate the types of records each custodian keeps. | | | | | | | | | | | | | | | | |
| | _____ Records Custodian Name | | | (_____) _____ Business Phone | | | (_____) _____ Fax Line | | | _____ e- mail address | | | | | | | |
| | _____ Number & Street | | | _____ City | | | _____ State / Province & Country | | | _____ Zip+4 / Postal Code | | | | | | | |
| 8 | Enter appropriate number in the box(es) for each <i>jurisdiction</i> : Use the CA box for collection agency/debt buyer, the DCC box for debt/credit counselor or Debt Settlement, and the CR box for credit repair. Enter "1" if <i>applicant</i> is newly applying in that <i>jurisdiction</i> Enter "2" if <i>applicant</i> has a pending application in that <i>jurisdiction</i> Enter "3" if <i>applicant</i> is already licensed/registered in that <i>jurisdiction</i> Enter "4" if <i>applicant</i> is surrendering/canceling in that <i>jurisdiction</i> Enter "5" if <i>applicant</i> was formerly licensed/registered in that <i>jurisdiction</i> | | | | | | | | | | | | | | | | |
| | | CA | DCC | CR | | CA | DCC | CR | | CA | DCC | CR | | CA | DCC | CR | |
| Alabama | | | | | Idaho | | | | Montana | | | | | Rhode Island | | | |
| Alaska | | | | | Illinois | | | | Nebraska | | | | | South Carolina | | | |
| Arizona | | | | | Indiana | | | | Nevada | | | | | South Dakota | | | |
| Arkansas | | | | | Iowa | | | | New Hampshire | | | | | Tennessee | | | |
| California – DOC | | | | | Kansas | | | | New Jersey | | | | | Texas – OCCC | | | |
| California – DRE | | | | | Kentucky | | | | New Mexico | | | | | Texas – SML | | | |
| Colorado | | | | | Louisiana | | | | New York | | | | | Utah | | | |
| Connecticut | | | | | Maine | | | | North Carolina | | | | | Vermont | | | |
| Delaware | | | | | Maryland | | | | North Dakota | | | | | Virginia | | | |
| District of Columbia | | | | | Massachusetts | | | | Ohio | | | | | Washington | | | |
| Florida | | | | | Michigan | | | | Oklahoma | | | | | West Virginia | | | |
| Georgia | | | | | Minnesota | | | | Oregon | | | | | Wisconsin | | | |
| Guam | | | | | Mississippi | | | | Pennsylvania | | | | | Wyoming | | | |
| Hawaii | | | | | Missouri | | | | Puerto Rico | | | | | | | | |
| 9. | Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office? | | | | | | | | | | | | | Y | N | | |
| 10. | Will this branch office have sole responsibility for decisions relating to individuals collecting, settling debt, repairing credit, counseling or soliciting debtors or businesses for collection-related services: (a) with respect to employment? (b) with respect to compensation? | | | | | | | | | | | | | Y | N | | |
| | | | | | | | | | | | | | | Y | N | | |



IDAHO

DEPARTMENT OF FINANCE

IDAHO COLLECTION AGENCY ACT

CONSENT TO SERVICE OF PROCESS AND CONSENT TO EXAMINATION OF ACCOUNTS

Idaho Code § 26-2224 (12) provides that every holder of an Idaho Collection Agency License (Licensee) shall execute to the Director an agreement of consent to examination of any and all of the financial accounts of the Licensee used for business activities under the Idaho Collection Agency Act providing the Director with the authority to make such an examination at any time the Director, in his discretion, deems it to be in the public interest.

Pursuant to the requirements of these sections, the undersigned (name of applicant/licensee entity),

() Corporation () Partnership () Limited Liability Company () Individual,

whose address is

(Street) (City) (State) (Zip)

The applicant/licensee, organized and doing business under the laws of the State of _____ for the purpose of applying for or renewing a license to operate an agency under the Idaho Collection Agency Act (Act), appoints the Director to be the attorney to receive service of any lawful process in any civil suit, action, or proceeding against the Licensee which arises under the Act or any rule or order under the Act, and consents to the examination by the Director or his designee, of any and all accounts maintained by or for the applicant/licensee at any bank, savings and loan association, credit union or other financial institution.

Dated this _____ day of _____, 20____

Name
(printed, of individual, corporation, partnership, or limited liability company)

Title
(of corporate officer, partner, or manager of limited liability company)

Signature
(of individual, corporate officer, partner, or manager of limited liability company)

State of _____)
County of _____) ss:

Subscribed and sworn to before me on this _____ day of _____, 20____

SEAL

Notary Public For _____
Residing at _____
My Commission Expires _____



STATE OF IDAHO
DEPARTMENT OF FINANCE
Consumer Finance Bureau
800 Park Blvd., Ste 200 Boise, ID 83712
P.O. Box 83720
Boise, ID 83720-0031

BOND #

Effective date _____ **20** _____

SURETY BOND FOR LICENSEE UNDER THE IDAHO COLLECTION AGENCY ACT

Pursuant to Idaho Code § 26-2232

(\$15,000.00 minimum)

_____, Principal herein, desires to engage in business as a licensee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the legal name shown above, and as such is required pursuant to § 26-2232 of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and _____, as Surety, a corporation duly incorporated under the laws of the state of _____ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$ _____, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents.

In any case where the Principal, including any and all trade names, or its representatives has failed to account for and pay over the proceeds of any collection made or money received for payment or prorating to creditors, or has failed to return to a debtor any sum received that was not to be applied to his debts, the Surety shall be obligated to the Department of Finance, State of Idaho, under this bond therefor, up to the limit of this bond. Further, the creditor or debtor shall have in addition to all other legal remedies a right of action in its own name on this bond, without the necessity of joining the Principal in the action.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

(PRINCIPAL)

(SIGNATURE OF OFFICER OF THE PRINCIPAL) DATE

(NAME OF SURETY COMPANY)

(SIGNATURE OF OFFICER OF SURETY COMPANY) DATE

(TITLE OF OFFICER OF SURETY COMPANY)

(NAME, TITLE AND TELEPHONE NUMBER OF CONTACT FOR SURETY)



IDAHO

DEPARTMENT OF FINANCE

INSTRUCTIONS FOR THE ANNUAL/QUARTERLY REPORT

NOTE: If you are reporting 100 agents or more you MUST file electronically on Access Idaho

NEW APPLICATION INSTRUCTIONS:

- ✓ Complete the entire top left portion of the report and mark the box on the right indicating it is a new application;
- ✓ The list must be in last name alphabetical order and by location order;
- ✓ Attach legal documents and explanations for any "Yes" checked felony or misdemeanor answers;
- ✓ A fee of \$20.00 (each) for all agents that conduct or plan to conduct Idaho activity, including the RPIC(s), must accompany this report;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each** agent you are registering)

QUARTERLY REPORT INSTRUCTIONS:

- ✓ Quarterly Notifications are DUE June 15, September 15, and December 15;
- ✓ Send the Quarterly Report only once a quarter on or near the due date or no earlier than 30 days prior to the due date;
- ✓ Complete the entire top left portion of the report and mark the box on the right indicating the quarter for which you are reporting;
- ✓ Mark the quarter being reported with the year (i.e. 2010, 2011, etc) on the top right portion of the report; ☐ The list must be in last name alphabetical order and by location order;
- ✓ If terminated employees—those no longer conducting Idaho activity—are being reported, mark the box on the top right hand side and list at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach legal documents and explanations for any checked "Yes" felony or misdemeanor answers;
- ✓ A fee of \$20.00 for each **newly** activated agent conducting Idaho activity, including any newly approved and activated RPIC(s), must accompany this report for filings on June 15th, September 15th and December 15th;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each newly** activated agent you are registering);
- ✓ The Quarterly Report form may be copied or downloaded as needed. The form is required to be signed.

ANNUAL REPORT INSTRUCTIONS:

- Complete the entire top left portion of the report and mark the box on the right titled "Annual Report";
- List **ALL ACTIVE** agents that are or will be conducting Idaho activity, including the **RPIC(s)**, in alphabetical order and by location;
- List all terminated or inactivated agents since the last filed report;
- Attach legal documents and explanations for any checked "Yes" felony or misdemeanor answers;
- Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **ALL ACTIVE** Agents including the RPIC you are registering);
- The Annual Report form may be copied or downloaded and reproduced as needed. The form is required to be signed.

IDAHO COLLECTION AGENCY ACT Idaho Code §26-2240: *Each applicant for a license under this act, with its initial license application, and each licensee at annual renewal, shall file with the director a list of all agents including the name of each agent and any other identifying information the director may require. A fee of twenty dollars (\$20.00) for each listed agent shall accompany the list. Each licensee shall notify the director in writing of any additions to its agent list no less often than every calendar quarter. A fee of twenty dollars (\$20.00) shall be paid to the director for each additionally identified agent in the quarterly notification of additions to a licensee's agent list. An agent is not required to be listed, nor the fee paid therefore, unless the agent acted for the licensee for more than thirty (30) business days.*

If you have any questions, please feel free to contact the Licensing Section at 208-332-8002 or collections@finance.idaho.gov.

STATE OF IDAHO
DEPARTMENT OF FINANCE
IDAHO COLLECTION AGENCY ACT
ANNUAL/QUARTERLY NOTIFICATION OF AGENTS/COLLECTORS



**NOTE: IF YOU ARE REPORTING >100 AGENTS YOU MUST FILE
ELECTRONICALLY IN ACCESS IDAHO**

LICENSE NO. _____
NMLS # (if appl.) _____

DATE: _____

QUARTERLY REPORT:

YEAR

If reporting terminated agents, or those no longer conducting Idaho activities, please check the box below

NAME OF LICENSEE _____
STREET _____
CITY, STATE, ZIP _____
NAME OF AUTHORIZED SIGNATURE (Print clearly) _____

JUN 15 _____
SEP 15 _____
DEC 15 _____

☐
☐
☐

SIGNATURE _____

(Report All Active Agents)

ANNUAL REPORT: MARCH 15, 20 _____

☐

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Debt Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

DISCLOSURES: IF ANSWERED YES BELOW, THE AGENT MUST SUPPLY A SIGNED, DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT

FELONY: Within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

MISDEMEANOR: Within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: Collection, Credit Repair, Debt/Credit Counseling, Debt Buying, Debt Settlement, Financial Services or a Financial Services related business?

Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.

| | PLEASE TYPE THE AGENT NAME <u>Alphabetical</u> <u>Order by Location</u> LAST, FIRST, (M) | If Yes ✓ Felony | If Yes ✓ Misdemeanor | GROUP BY LOCATION CITY & STATE OF OFFICE | DATE OF BIRTH mm/dd/yy | HIRE DATE mm/dd/yy | TERM DATE mm/dd/yy | DESK NAME IF USED | \$20 FEE |
|---|---|--------------------|-------------------------|---|------------------------------|-----------------------|-----------------------|-------------------------|----------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |